



## I M P O R T A N T I N F O R M A T I O N

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**To All Providers:**

- The Office of Medicaid Policy and Planning (OMPP) wishes to advise providers of an important provision in the recently passed budget bill, *HB 1001*. *Section 68* of that bill contains new reporting requirements applicable to Medicaid providers. It requires that providers reimbursed by the OMPP for goods or services provided to Medicaid members shall report to the OMPP all “rebates, discounts, and other price concessions” that the provider receives from a supplier of goods or services, for goods or services given to Medicaid members. Providers are required to submit the needed information to the OMPP on a quarterly basis.  
This is to inform providers that EDS and provider associations are aware that providers’ operations will be affected in varying degrees, and are thoroughly and carefully analyzing how to best implement this legislative mandate. EDS is committed to giving providers as much advance notice as is possible of the nature and format of the reporting that will be necessary follow up bulletins or banner page messages will provide more details on this new reporting mandate.
- Indiana Health Coverage Programs (IHCP) provider bulletin *BT200328*, dated May 20, 2003, announces the Health Insurance Portability and Accountability Act (HIPAA) workshops that are being offered during June, July, and August 2003. This bulletin was placed on the IHCP Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com) and is being mailed to providers. Providers can print a copy of the registration form from the Web site and register for workshops prior to receiving the printed version.. The first workshop will be held in Lafayette, Ind., on June 3, 2003, and the deadline for registration is May 27, 2003. The next workshop will be held in East Chicago, Ind., on June 5, 2003, and the deadline for registration is May 29, 2003. Please direct any questions about the workshops to a provider representative at (317) 488-5195.
- Crossover Part C claims billed on or after August 15, 2002, with a DOS on or after July 1, 2002, that processed and paid at zero for *Edit 6000 – Manually priced claims*, will be mass adjusted. The mass adjustment will take the detail lines out of a paid status and put them in a denied status so that paper claims billed with this criteria will not deny as duplicate services.
- The Indiana State Department of Health (ISDH) has announced that pneumococcal conjugate vaccine, polyvalent, is again readily available from the Vaccines For Children (VFC) program. Therefore, effective May 19, 2003, fee-for-service reimbursement for pneumococcal conjugate vaccine (Prennar®), procedure code 90669, is limited to the lesser of the provider’s charge or the \$8 VFC vaccine administration fee. For information about the VFC program, contact the ISDH at (317) 233-7704 or 1-800-701-0704.
- The following table contains corrections to the 2003 HCPCS codes published in the IHCP provider bulletin, *BT200313*, dated February 15, 2003. The following S codes are listed in *IndianaAIM* as not covered, but were incorrectly listed as covered in provider bulletin *BT200313*.

Code	Description	Coverage
S0130	Injection, chorionic gonadotropin, 5000 units	Nonreimbursable for all programs, nonreimbursable for Package C. Use HCPCS code J0725
S5110	Home care training, family; per 15 minutes	Nonreimbursable for all programs, nonreimbursable for Package C
S5115	Home care training, no-family; per 15 minutes	Nonreimbursable for all programs, nonreimbursable for Package C
S5161	Emergency response system; service fee, per month (excludes installation and testing)	Nonreimbursable for all programs, nonreimbursable for Package C
S9444	Parenting classes, non-physician provider, per session	Nonreimbursable for all programs, nonreimbursable for Package C
S9452	Nutrition classes, non-physician provider, per session	Nonreimbursable for all programs, nonreimbursable for Package C

- EDS, along with the OMPP, HCE, ACS, and provider associations, is mailing an updated version of the *IHCP Provider Manual*. The manual is in CD-ROM format, and is being sent to billing providers’ *Mail To* addresses beginning May 12, 2003. Mailing will take several weeks to complete. If a billing provider does not receive a copy of the manual by **May 31, 2003**, contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.
- The IHCP has received inquiries about copayment requirements for mentally retarded/developmentally disabled members who are eligible for waiver services and live independently in the community. IHCP members who are living in the community and are not inpatients in hospitals, nursing facilities, intermediate care facilities for the mentally retarded, or other medical institutions **are responsible** for the normal copayments for IHCP services.

**To All Dental Providers:**

- Recently, claims billed for procedure codes D4210, D4211, D4240, D4260, or D4341, that did not include a tooth number, were denied. *IndianaAIM* has been updated to allow these claims to process without a tooth number. Providers are asked to rebill any denied claims for these codes that do not include a tooth number or quadrant. Also, as of March 1, 2003, all claims submitted for procedure code D4341 require an attachment, regardless of the date of service. Refer to provider bulletin *BT200311* for more information about the attachment requirements
- In IHCP provider bulletin *BT200313*, dated February 15, 2003, the IHCP announced that D2336, resin-based composite crown, anterior, primary, would not be covered as of April 1, 2003. However, research concluded that **resin crowns** should be a covered service. D2336 and D2337 will be covered effective May 1, 2003, at a rate of \$138.75, which is the same rate for the code *D2335 – Resin-based composite, four or more surfaces or involving incisal angle (anterior)*. *D2932 – Prefabricated resin crown*, is listed as a covered service on the fee schedule. Effective July 1, 2003, the rate will be reduced to \$138.75.

## To All OMNI Users:

- The planned OMNI upgrade for the *Health Insurance Portability and Accountability Act* (HIPAA) compliant basic eligibility and benefit limitation information scheduled to begin April 30, 2003, has been delayed. OMNI users should download updates between May 21, 2003, and October 15, 2003. Please refer to IHCP provider bulletin *BT200303* for more information about the download process.

## To All Pharmacy Providers and Prescribing Practitioners:

- Effective April 29, 2003, the maximum allowable fees for the following medical supply products have been changed as indicated in the following table:

CDE	Description	Max Fee
A4250	Urine Test Strips Or Tablets	\$17.54
A4253	Blood Glucose Test Strip	\$36.72
A4352	Intermittent Urinary Catheter	\$5.71
A4353	Intermittent Urinary Catheter	\$9.82
A4362	Skin Barrier; Solid, 4 x 4	\$2.95
A4367	Ostomy Belt	\$8.34
A4373	Skin Barrier With Flange	\$5.99
A4391	Ostomy Pouch, Urinary	\$6.33
A4405	Ostomy Skin Barrier NPB	\$4.73
A4414	Ostomy Skin Barrier	\$4.26
A4455	Adhesive Remover or Solvent	\$2.43
A4621	Tracheostomy Mask or Collar	\$2.80
A4627	Spacer, Bag or Reservoir	\$25.80
A5051	Ostomy Pouch, Closed	\$2.46
A5052	Ostomy Pouch, Closed; Without Barrier	\$1.44
A5055	Stoma Cap	\$1.50
A5061	Ostomy Pouch, Drainable	\$3.28
A5063	Ostomy Pouch Drainable	\$2.67
A5073	Ostomy Pouch, Urinary	\$3.17
A5102	Bedside Drainage Bottle	\$28.25
A5112	Urinary Leg Bag; Latex	\$32.75
A5073	Pouch, Urinary	\$3.17
A5119	Skin Barrier; Wipes	\$7.85
A6402	Gauze, Non-Impregnated	\$0.27

For a complete up-to-date fee schedule, please visit [www.mslcindy.com/pharmacy/](http://www.mslcindy.com/pharmacy/). Please direct questions to Jared Duzan at Myers and Stauffer at (800) 877-6927, (317) 846-9521, or [jduzan@mslc.com](mailto:jduzan@mslc.com).

## To All Waiver Providers:

- The Office of Medicaid Policy and Planning (OMPP) has contracted with EDS to review approved waiver services providers. The purpose of these reviews is to ensure adherence to the requirements of the respective waivers. Starting in May 2003, EDS and staff from the Bureau of Quality Improvement Services (BQIS) will review for the developmentally disabled (DD) waivers. Providers will be notified two weeks in advance of a scheduled survey and the providers will participate in an entrance meeting with both EDS and BQIS staff. The goal of this is to reduce intrusiveness to business operations and individuals receiving services. After the entrance meeting, EDS review teams will perform the following functions:
  - Examine the member's approved plan of care and the case manager's and provider's related documentation
  - Verify the delivery of services billed to the IHCP
  - Meet with a sample of members in the home setting to ensure that the services meet the needs of the member and to review the member's eligibility for waiver services
- Staff from the BQIS will complete the *BQIS Provider Standards Agency Survey* after the entrance meeting. This survey has been sent to all providers and it is important that providers are familiar with this document so that they are prepared. Providers must present documentation of the services they are approved to provide, demonstrate applicable policies and procedures as identified in *460 IAC 6*, and provide personal files relating to the provision of health care coordination services, behavioral support services, and case management services, as applicable. Providers must make available employee files and the evidence of the internal quality assurance and quality improvement system. Approximately two weeks after the completion of this survey, BQIS staff will return to complete the *Residential Services and Supports* survey. The *Residential Services and Supports* survey will involve some of the same individuals that EDS used in its sample. The OMPP appreciates provider cooperation while implementing the Family and Social Services Divisions of Disability, Aging, and Rehabilitative Services (FSSA/DDARS) quality assurance and quality improvement initiatives. Please direct questions to Ellen McClimans by telephone at (317) 234-2708 or by e-mail at [nmcclimans@fssa.state.in.us](mailto:nmcclimans@fssa.state.in.us).

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